Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF.

			dentification int		0010	and anding	10/21/	2010			
FO	r calendar plan year 2	2010 or fis	cal plan year beginnin		<u></u>	and ending	12/31/2	2010			
Α	This return/report is t	for:	single-employer p	ılan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
В	This return/report is t	for:									
	·		an amended retui	rn/report	short plan	year return/report (less than 12 mo	onths)				
_	Chook how if filing up	don	Form 5558		H		,	DFVC program			
C								Dr ve program			
			special extension	`	' '						
Р	art II Basic Pl	an Infor	mation—enter all r	equested info	rmation		_				
	Name of plan						1b	Three-digit			
NOI	RTHERN PAINTING,	INC. 401k	(PLAN					plan number 001			
							4.	(PN) •			
							10	Effective date of plan 01/01/2005			
20	Dian ananar'a nam		lraga (amplayar if far	ainala amala	vor plan)		2h				
	RTHERN PAINTING,		lress (employer, if for	single-employ	yei piari)		20	Employer Identification Number (EIN) 91-2020214			
	,						2c	Plan sponsor's telephone number			
	6 NE 65TH ST., SUIT						360-693-6408				
VAI	ICOUVER, WA 98663	3-1584					2d	Business code (see instructions)			
							-	238300			
SC ION	ı Plan administrator's RTHERN PAINTING,	name and	d address (if same as	Plan sponsor	r, enter "Same 65TH ST., SU	e") ITF A	36	Administrator's EIN 91-2020214			
	- ,				VER, WA 986		30	Administrator's telephone number			
								360-693-6408			
4						port filed for this plan, enter the	4b	EIN			
	name, EIN, and the p	plan numb	er from the last return	ı/report. Spor	nsor's name		40	4c PN			
52	Total number of par	rticipante (at the heginning of the	nlan yoar				4			
	 Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year 						5a	2			
	·	•	·	•			5b				
С	•	•				ear (defined benefit plans do not	5c	2			
63						(See instructions.)		X Yes □ No			
_	·				-	ident qualified public accountant (IC					
~						ons.)		X Yes No			
	If you answered "	No" to eit	her 6a or 6b, the pla	n cannot use	Form 5500-	SF and must instead use Form 5	500.				
P	art III Financia	l Inform	nation								
7	Plan Assets and Lia	abilities				(a) Beginning of Year		(b) End of Year			
а	Total plan assets				7a	12098	34	2045			
b	Total plan liabilities						0	0			
			7b from line 7a)			12098	34	2045			
8	·		sfers for this Plan Yea			(a) Amount		(h) Total			
а				u		(a) Amount		(b) Total			
-					8a(1)						
	(2) Participants				8a(2)						
	` ,		s)								
b	` ` ` ` ` `	J				921	9				
C	` '	,	, 8a(2), 8a(3), and 8b					9219			
d			t rollovers and insurar								
-						12815	8				
е	Certain deemed an	d/or corre	ctive distributions (see	e instructions)) <mark>8e</mark>						
f	Administrative serv	ice provide	ers (salaries, fees, co	mmissions)	8f						
9	Other expenses				8g						
h	Total expenses (ad	d lines 8d	, 8e, 8f, and 8g)		8h			128158			
i	Net income (loss) (s	subtract lir	ne 8h from line 8c)		8i			-118939			
j			see instructions)								
					رب ا						

	F	form 5500-SF 2010 Page 2-	1								
Par	t IV	Plan Characteristics									
)a		plan provides pension benefits, enter the applicable pension feature codes from the List of 2F 2G 2J 2K 3D	Plan Charac	cteris	stic Co	des in	the inst	ructio	ns:		
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of I	Plan Charac	teris	tic Cod	des in	the instr	uction	ns:		
art	V	Compliance Questions									
0	Durii	ng the plan year:			Yes	No		A	mount		
а		there a failure to transmit to the plan any participant contributions within the time period de CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions ne 10a.)		10b		X					
С	Was	s the plan covered by a fidelity bond?		10c	X					10	0000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused shonesty?		10d		X					
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carance service or other organization that provides some or all of the benefits under the plan? uctions.)	(See	10e		X					
f	Has	the plan failed to provide any benefit when due under the plan?		10f		X					
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)		10h		X					
i		h was answered "Yes," check the box if you either provided the required notice or one of the options to providing the notice applied under 29 CFR 2520.101-3		10i							
art	VI	Pension Funding Compliance									
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction							Ye	s []	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 c	of the Code	or se	ction 3	302 of	ERISA?		Ye	s X	No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, ting the waiver.									
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	to line 13.		_		1				
b	Enter the minimum required contribution for this plan year										
C	Enter the amount contributed by the employer to the plan for this plan year										
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign tive amount)				12d		<u>_</u>			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?					Yes		No	١	N/A
art	VII	Plan Terminations and Transfers of Assets									
2-									П Уо	, X	NIO

Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/14/2011	ROBERT HAIFLEY					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement income Security Act of 1974 (ERISA), and section 6058(a) of the

OMB Nos. 1210-0110 1210-0069

2010

	Employee Benefits Security Administration Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation					This Form is Open to Pu				
	P Complete all entries in acc	ordance with	the instructio	ns to the Form 68	00-8 F.	<u>. ""</u>	*pection			
For calendar plan year 2010 or f	t identification information	64 / 64 / 6		'-						
· 		01/01/2	_	and ending		12/31/201	0			
A This return/report is for:		multiple-en	ultiple-employer plan (not multiemployer)			one-participa	ant pien			
B This return/report is for:	first return/report	inal return.	report							
	an amended return/report	📗 éhort plan y	ear return/rep	ort (less than 12 m	ontha)					
C Check box if filing under:	☑ Form 5558	automatic e	odension			☐ DFVC progra	am.			
	apacial extension (enter descrip	rtion)								
Part II Basic Plan Info	ormation—enter all requested infor	mation	• 11	•						
12 Name of plan					16	Three-digit	· · · · · ·			
NORTHERN PAINTING	. INC. 401K PLAN					plan number	İ			
					4.	(PN)	001			
					10	Effective date of				
2a Pien sponsor's name and ad	idress (employer, if for single-employe	er plan)			2h	01/01/200				
NORTHERN PAINTING	inc.				2b Employer Identification Number (EIN) 91-2020214					
3106 NE 65TH ST.,	SUITE A				2c		elephone number			
						<u> 360-693-6</u>	408			
VANCOUVER	WA 98663-1584				20	Businees code (238300	see instructions)			
3a Plan administratora name er	nd address (if same as Plan sponsor, , INC.	enter "Sama")		" ,	3b	Administrator's 8	=IN			
						91-2020214	4			
3106 NE 65TH ST., VANCOUVER	SUITE A <u>W</u> A 98663-15	64			3C Administrator's telephone number					
4 If the name and/or EIN of the ;	plan sponsor has changed since the l	ast return/meno	rt filed for this	nien enter the	360-693-6408 4b EIN					
name, EIN, and the plan numi	ber from the last return/report. Spons	or's name	1000 101 0110	Prair, Gillot tile	40	EIN				
Ed Total number of a delicate					4c	PN	_			
	at the beginning of the plan year					1				
	at the end of the plan year				6b					
C Total number of participants	with account balances as of the end of	of the plan yea	r (defined bene	efit plans do not		"				
Re When all afthe plants			<u> </u>		6 c	1				
b Are you deiming a walver of	during the plan year invested in eligil the annual examination and report of	ble assets? (8:	e Instructions.)	**********		X Yes No			
UNDER 26 OF IC 2020, 104-407	((266 lustrictions on Mainer Glidipility	and condition:	9.1				X Yes No			
11 AOU SUMMENDE MO. DO SU	<u>urer da or ep, the plan cannot use f</u>	Form 6500 -8F	and must ine	tead use Form 55	00.		E 100 100			
Furtia Financial Intom	nation					<u> </u>				
7 Plan Assete and Liabilities			(a) Begin	nning of Year		(b) End	of Year			
				12098	4		2049			
	***************************************				o l					
	7b from line 7a)	. 7c		12098	4		2045			
8 Income, Expenses, and Trans		<u> </u>	(a) A	mount		(b) To				
 Contributions received or received. Employers 	alvable from:									
					4					
				<u></u>	4					
	\$>				_					
	, 8e(2), 8a(3), and 8b)			921	9	<u>.</u>				
	rollovers and insurance premiums	BC .		<u> </u>	4		9219			
to provide benefits)	Tollovers and insurance premiums	. 8d		12815						
Certain deemed and/or correct	tive distributions (see instructions)	8e		22010	4	,				
	ers (salaries, fees, commissions)				4		•			
					\dashv	1				
h Total expenses (add lines 8d.	17,11,111	T T T			+					
	8e, 8f, and 8g)	2h					100160			
TO THE PROPERTY OF THE PROPERT	8e, 8f, and 8g)e 8h from line 8c)		·····		+					
	8e, 8f, and 8g)e 8h from line 8c) se instructions)	81					128158 -118939			

Form 5500-SF 2010 Page 2-Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions: 2E 2F 2G 2J 2K 3D if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions During the plan year: Yes Νφ **Amount** Was there a fallure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) х 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)..... х 10b Was the plan covered by a fidelity bond?..... 10c х 10000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? х 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) х 100 Has the plan falled to provide any benefit when due under the plan? Х 106 Did the plan have any participant loans? (if "Yes," enter amount as of year end.)..... 10g Х If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) x 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... 10 Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete Schedule SB (Form Yes No is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. 12 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 8 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip to line 13. b Enter the minimum required contribution for this plan year..... 12b C Enter the amount contributed by the employer to the plan for this plan year..... 12c Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) 12d No N/A Part VII Plan Terminations and Transfers of Assets 138 Has a resolution to terminate the plan been adopted during the plan year or any prior year?..... Yes No if "Yes," enter the amount of eny plan assets that reverted to the employer this year...... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... Yes X No If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 18c(2) E(N(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct and complete SIGN Robert Haifley HERE Signature of plan administrator Dete <u>Enter name of individual signing as plan administrator</u> SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as amplgyer or plan sponsor